

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street)

100 N. Humphreys Blvd

☐Check if different
than previously
reported. (ACC)

Memphis

TN

38120

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00383976

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John D. Ogle

Signature of Treasurer

Electronically Filed by John D. Ogle

Date

04

15

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>Y Y Y Y 2006</div>	<div>27362.00</div>
(b) Cash on Hand at Beginning of Reporting Period	<div>27362.00</div>	
(c) Total Receipts (from Line 19)	<div>3575.00</div>	<div>3575.00</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>30937.00</div>	<div>30937.00</div>
7. Total Disbursements (from Line 31)	<div>9162.18</div>	<div>9162.18</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>21774.82</div>	<div>21774.82</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3500.00	3500.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	3500.00	3500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	3500.00	3500.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	75.00	75.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3575.00	3575.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3575.00	3575.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8000.00	8000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	8000.00	8000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	162.18	162.18
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9162.18	9162.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9162.18	9162.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3500.00	3500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3500.00	3500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8000.00	8000.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	75.00	75.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7925.00	7925.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tom Anderson

Mailing Address 1314 - 12th Street

City State Zip Code
 Cody WY 82414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.4178

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. Patrick W Cobb

Mailing Address 4316 Rio Vista Drive

City State Zip Code
 Billings MT 59106-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.4174

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth Deaton

Mailing Address 682 Hemlock St
 Ste-100

City State Zip Code
 Macon GA 31201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4170

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mark V Hendricks
Mailing Address 109 Lake Pointe Drive

City State Zip Code
Macon GA 31210-8652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.4168

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. ROBERT A HIRSCH
Mailing Address 603 NORTH FLAMINGO ROAD
SUITE 151

City State Zip Code
PEMBROKE PINES FL 33028

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
ONCOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.4180

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Martin K Lucas
Mailing Address 300 Coles Road

City State Zip Code
Molt MT 59057-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.4176

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial)
Mr. Frederick M Schnell

Mailing Address 1300 Old Forsyth Road

City State Zip Code
Macon GA 31210-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.4172

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 11

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. MARIO DIAZ-BALART FOR CONGRESS

Mailing Address 2801 Ponce de Leon Blvd. Ste1000
PO BOX 226

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement

Candidate Name
MARIO DIAZ-BALART FOR CONGRESS

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 25

Transaction ID: SB21B.4182

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MORRISON MORRISON FOR MONTANA INC

Mailing Address PO BOX 99

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: SB21B.4188

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 6

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. ARLEN SPECTER '96

Mailing Address 226 NORTH ALFRED STREET
111 SOUTH 15TH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District: 03

Transaction ID: SB21B.4186

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 6

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

8000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. LINCOLN DIAZ-BALART FOR CONG

Mailing Address 2801 Ponce de Leon Blvd. Ste 1000

City State Zip Code
Coral Gables FL 33134

Purpose of Disbursement

Candidate Name
LINCOLN DIAZ-BALART FOR CONG

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 21

Transaction ID: SB23.4181

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Independent Bank Independent Bank

Mailing Address 5050 Poplar Avenue

City
Memphis

State
TN

Zip Code
38157

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4194

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	0	6

Amount of Each Disbursement this Period

162.18

SUBTOTAL of Disbursements This Page (optional)

162.18

TOTAL This Period (last page this line number only)

162.18